

My Goal Is:

- ☐ \$ 200
☐ \$ 300
☐ \$ 500
☐ \$ 1,000
☐ _____

SPONSOR PLEDGE FORM

Walker's Name: _____
 Address: _____ Zip: _____
 Phone Number: _____
 E-mail: _____
 Church or Group: _____
 I am a(n): ☐ Adult ☐ Teen ☐ Child

FOR OFFICE USE ONLY

Please PRINT All Information and Indicate the Total Pledge Desired

FIRST	LAST
ADDRESS	
CITY	ST ZIP CODE
<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other\$ _____ <input type="checkbox"/> BILL Me or PAID <input type="checkbox"/> CASH <input type="checkbox"/> CHECK	
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Please remember the ZIP CODES!

Total pledges on this sheet. \$ _____